



Department of  
**Labor & Workforce  
Development**

# Complaint Resolution System & Individual Employment Plans

Systems Training  
November 2018

# History & Scope

- Judge Richey Court Order
- System for taking & resolving, or referring complaints
- Applies to Job Service and non- Job Service complaints
- Does not apply to complainants in UI, WIOA Title 1 (low – income adults, youth and dislocated workers) or complaints submitted by Veterans.

# The Basics

- Complaint- A representation made or referred to a State or local Job Service office of an alleged violation of the employment service regulations and/or other Federal, State or local employment related law
- Job Service (JS)-relating to the job service system
- Non-JS- relating to employment related laws.

# Job Service (JS) Complaints Include:

- Complaints against an employer who participated in the employment service system.
- Complaints against an employment service office or the State Workforce Agency(SWA).
- Complaints regarding violations of the terms and conditions of a job order.

# JS and Non-JS Complaints

- Complaints may fall under both JS and Non- JS:
  - EX: WHD or OSHA violation that was referred through a job order.

# Complaint System Process:

- Each American Job Center(AJC) must display a Complaint System Poster.
- Each AJC must have a trained Complaint Specialist.
- All complaints must be logged.
- Outreach Workers may also accept and log complaints
- Outreach Workers must explain the Complaint System to the MSFW's when conducting outreach.
- Determine if the complainant is an MSFW.
- Determine if the complaint is a JS or Non-JS complaint.

# Complaint / Apparent Violation Form (Part 1)



U.S. Department Labor  
Employment and Training Administration

OMB Approval No. 1205-0039  
Expiration Date: Dec. 31, 2018

For Official Use Only

## Complaint/Apparent Violation Form<sup>1</sup>

Complaint No.		Date Received	
<b>Part I. Complainant's Information<sup>2</sup></b>		<b>Respondent's Information<sup>3</sup></b>	
1. Name of Complainant (Last, First, Middle Initial)		4. Name of Person, Company, or Agency the Complaint is Made Against	
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop Office	
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop Office	
3a. Permanent Telephone ( ) -	b. Temporary Telephone ( ) -	7. Telephone Number of Employer/One-Stop Office ( ) -	
8. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

# Complaint / Apparent Violation Form (Part 1 Continued)

## Certification

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant<sup>4</sup>

10. Date Signed

/ /

<sup>1</sup> For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

<sup>2</sup> If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.

<sup>3</sup> For definition of "Respondent" see 20 CFR 651.

<sup>4</sup> No signature is required at Part 9 if this form is submitted as an Apparent Violation.



# Complaint / Apparent Violation Form (Part 2)

## Part II. For Official Use Only

<p><b>1. Migrant or Seasonal Farmworker?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p><b>2. Complaint or Apparent Violation?</b>          Complaint <input type="checkbox"/>    Apparent Violation <input type="checkbox"/></p> <p><b>3. Type of Complaint or Apparent Violation</b>          ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> Employment Service Related              <input type="checkbox"/> Job Order No. _____              <input type="checkbox"/> Against Local Employment Service Office              <input type="checkbox"/> Against Employer              <input type="checkbox"/> Alleged Violation of Employment Service Regulations</p> <p><input type="checkbox"/> Employment-Related Law</p>	<p><b>4. Issue(s) involved in Complaint or Apparent Violation</b>          ("X" Appropriate Box(es)):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Wage Related</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Child Labor</td> <td><input type="checkbox"/> Pesticides</td> </tr> <tr> <td><input type="checkbox"/> Working Conditions</td> <td><input type="checkbox"/> Health/Safety</td> </tr> <tr> <td><input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)</td> <td><input type="checkbox"/> Disability Discrimination</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Discrimination Other<sup>5</sup>              _____</td> </tr> </table>	<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing	<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)	<input type="checkbox"/> Disability Discrimination	<input type="checkbox"/> Discrimination Other <sup>5</sup> _____		<p><b>5. H-2A/Criteria Employer</b>          ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S./Domestic Worker  <input type="checkbox"/> H-2A Worker  <input type="checkbox"/> Wages  <input type="checkbox"/> Transportation  <input type="checkbox"/> Meals  <input type="checkbox"/> Housing  <input type="checkbox"/> Other _____</p>
<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing											
<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides											
<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Health/Safety											
<input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)	<input type="checkbox"/> Disability Discrimination											
<input type="checkbox"/> Discrimination Other <sup>5</sup> _____												

<p><b>6a. Referrals To Other Agencies</b> ("X" Appropriate Box(es))</p> <p><input type="checkbox"/> WHD. U.S. DOL.    <input type="checkbox"/> OSHA U.S. D.O.L.  <input type="checkbox"/> EEOC    <input type="checkbox"/> Other _____</p>	<p><b>7. Address of Referral Agency</b> (No., St., City, State, ZIP Code and Telephone No.)</p> <p>_____</p> <p>_____</p> <p>( ) ____ - ____</p>
<p><b>b. Follow-Up</b>    <input type="checkbox"/> Monthly    <b>c. Next Follow-up Date</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Quarterly       /    /</p>	

**8. Explanation of Complaint/Apparent Violation** (If additional space is needed, use separate sheet of paper)

# Complaint / Apparent Violation Form (Part 2Continued)

9. Actions Taken on Complaint/Apparent Violation (If additional space is needed for multiple actions taken, use a separate paper):

Action Taken By: \_\_\_\_\_ On: \_\_\_\_\_  
(First and Last Name) (Date)

Action Taken:

10. Complaint /Apparent Violation resolved? ☐ Yes ☐ No If "No", explain.

11. Provided other One-Stop Services? ☐ Yes ☐ No If "No", explain.

12a. Name and Title of Person Receiving Complaint

12b. Office Address (No., St., City, State, ZIP Code)

12c. Phone No.  
( ) -

12d. Signature

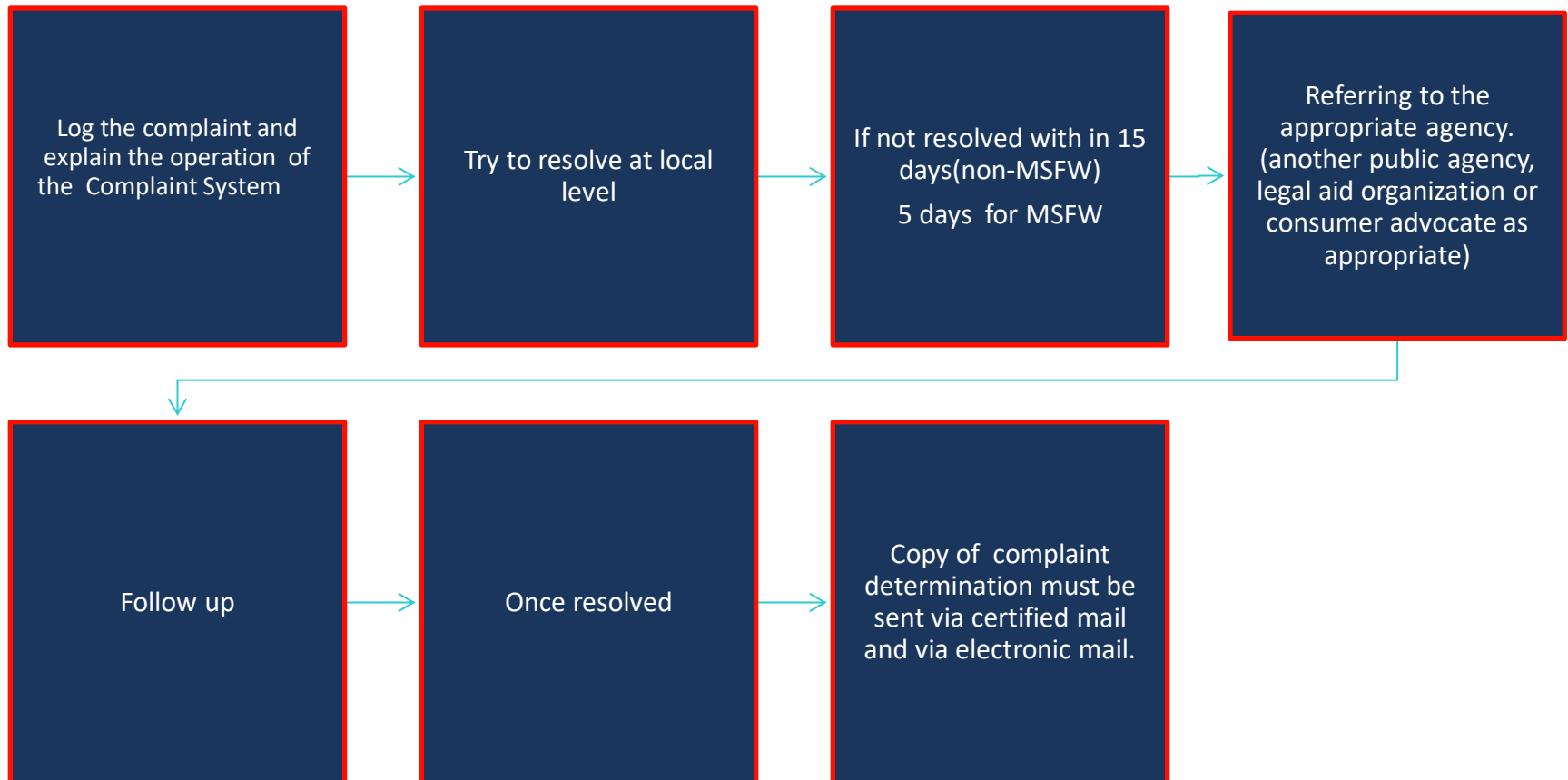
12e. Date  
/ /

## Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

<sup>5</sup> For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210

# JS Complaint Process Flow:



# Non-JS Complaint:

## If the complainant is an MSFW:

- Explain Job Service Complaint System
- Assist with complaint forms
- Log complaint
- Refer complaint to the SMA
- Provide complainant a copy of the referral and complaint.

# JS Complaint:

## **If the complainant isn't an MSFW:**

- Offer appropriate One- Stop Services
- The SWA must refer the complaint to the appropriate enforcement agency, another public agency, an attorney, a consumer advocate and/or other appropriate assistance and follow-up monthly. The SMA must notify the complainant periodically of the status of the complaint.

# JS and Non-JS Complaints:

**Complaints that fall under JS and Non-JS (ex: WHD violation pursuant to a job order) shall:**

- Follow the complaint process; and
- If complaint is not resolved at the local level, refer complaint to the SWA Administrator.
- SWA Administrator must refer complaint to appropriate enforcement agency.

# Complaint is considered resolved when:

- The complainant indicates satisfaction with the outcome;
- Chooses not to elevate the complaint to the next level of review;
- Fails to respond to a written request within:
  - 20 working days for Non-MSFW;
  - 40 working days for MSFW's
  - Exhausts the final level of review.

# Determination must be made when:

- Non-MSFW: If not resolved at the State level within 30 working days after the complaint was received.
- MSFW's: If not resolved at State level within 20 working days after the complaint was received.



# Determinations shall include:

- The results of any State office investigation .
- Conclusions reached on the allegations of the complaint.
- An explanation of why the complaint was not resolved

# Discontinuation of Services:

- If the State finds that an employer violated JS regulations, the State will initiate procedures for discontinuation of services to the employer under subpart F.

# Hearings:

- If the State finds that an employer has not violated JS regulations, the State must offer to the complainant an opportunity to request a hearing within 20 working days. After the certified date of receipt of the determination notification.

# JS complaints referred to RMA:

- For MSFWs: Once the complaint has exhausted all State agency administration remedies (and the complaint is appealing the State determination), the complaint may be referred to the ETA regional office.

# Contacts:

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615-253-1976



# Individual Employment Plan

# What is an IEP?

- An Individual Employment Plan (IEP) is a plan to get the participant from where they are now to where they want to be (goal). Envision the IEP as directions on a road map.



# What is an IEP:

- **Sets clear expectations** – Provides the participant with a clear series of specific action steps they are expected to undertake.
- **Living document** – Able to be edited and should continue to grow as the participant advances through their program.
- **Utilizes the SMART principle** – Goals and objectives are Specific, Measurable, Attainable, Realistic and Time Driven



# IEP Goals & Objectives

- **Specific** – The steps must be very specific so that they know exactly what it is they need to do to achieve their goal.
- **Measurable** – There needs to be a way to measure if the goal or objective has been met.
- **Attainable** – The goals and objectives should be realistically attainable within the time frame.
- **Relevant** – The steps to be undertaken must be relevant to the goal stated.
- **Time Driven** – This is a commitment for the participant to do things by certain dates.

# Developing the IEP

- An IEP is a guide for both the participant and case manager to take necessary steps/actions to assist the participant in becoming re-employed.
- The IEP includes goals and assignments for the return visit, as well as long term goals
- The IEP will be developed cooperatively between the case manager and the participant
- Required services will be chosen depending on the individuals assessed needs.
- Goals and action steps are not “cookie cutter”. The IEP should be tailored to the need of each specific participant.

# Mistakes in IEPs

- The goal and the action steps are identical
- The action steps entered have nothing to do with the goal that was entered
- The goals are action steps or vice versa
  - The goal is what you want the participant to accomplish
  - The action steps are what the participant needs to do to accomplish the goal
- The goals outlined are unrealistic
  - Remember that there is a difference between short term and long term goals. It is not realistic to expect that a participant will obtain their High School Equivalency Diploma by their next scheduled meeting which could be a month away.

# Scenario 1 – John Professor

- Taught interior design for the last 15 years
- Actively volunteers where he performs administrative functions, coordinates outreach and plans event
- Managed interior design projects for his previous employer

# Possible Goals to Assign

- Learn more about what other career path(s) that the participant might be interested in or qualified for
- Learn more about several short term training options
- Participant needs to develop job searching, interviewing and resume writing skills

# Scenario 2 – Sylvia Moreno

- Has worked through temporary agencies holding 8 temporary positions and has several gaps in employment
- Lacks a high school diploma
- Would like to attend college

# Possible Goals to Assign

## Short term goals

- Participant should become more comfortable with the interviewing process
- Update her resume to Functional or Combination format that will work better for her short term job situation
- Contact Adult Education to enroll in classes to obtain her High School Equivalency Diploma

## Long Term Goals

- Explore training options and training providers for post secondary training/certification

# Entering an IEP in VOS

- Once logged in and managing a participant, find the **Staff Profiles** heading and expand the **Case Management Profile** tab the select **Plan**

The screenshot displays the TN.GOV VOS system interface. The top navigation bar includes links for Home, My Dashboard, Sign Out, Services for Individuals, Services for Employers, Labor Market Analysis, and a Quick Search function. The left sidebar menu is expanded to 'Services for Unemployment Staff', showing options like Manage Claimants, Manage Employers, Manage Claim, Manage Trade Act (TRA), Manage Benefit Charges, Manage UI Accounting, and Manage Disaster Unemployment Assistance. The main content area features the TN.GOV logo and a heading: 'Use this folder to manage Plan information for the selected Individual.' Below this, there are three expandable sections: 'My Individual Profiles', 'My Individual Plans', and 'Staff Profiles'. The 'Staff Profiles' section is expanded, revealing a list of profile types: General Profile, Re-Employment Profile, Claims Profile, Appeals Profile, Case Management Profile, Case Summary, Programs, Plan, Assessments, and Report Profile. The 'Plan' option is highlighted.



# Examples

## IEP Goal

**\* Type of Goal** Training ▼

**\* Term of Goal** Short Term ▼

**\* Description of Goal** Training and Employment

**\* Date Established** 05/14/2018 (mm/dd/yyyy) 📅 Today

**\* Estimated Completion Date** 05/14/2019 (mm/dd/yyyy) 📅 Today

**Actual Completion Date** (mm/dd/yyyy) 📅 Today

**\* Completion Status** Open ▼

**Reason Closed** show Snip None Selected ▼

**Goal Details(Comments)**

Training and employment is not specific

Action steps should be added in the comments box

Some HTML tags such as embedded videos are not allowed in this text box and will not be sav

**B I U T<sub>x</sub>** | | | | | | | |

Format ▼ | Font ▼ | Size ▼ | | | | | |

# Editing an IEP in VOS

The IEP is a living document so an open IEP can be edited

The screenshot displays the VOS (Vendor Open System) interface. On the left is a sidebar menu with options like 'Manage Overpayments', 'Manage Payments', 'Manage Multi-Claimant Issues', 'Manage Audits', 'Manage Appeals', 'Manage Monetary', 'Manage Non-Monetary', 'Manage Reemployment', 'Manage Investigations', 'Manage Interfaces', 'Manage Notifications', 'View Statistics', and 'Currently Managing'. The main content area has four tabs: 'Case Summary', 'Programs', 'Plan', and 'Assessments'. The 'Programs' tab is active, showing an 'Objective Assessment Summary' table and an 'Individual Employment Plan/Service Strategy' table. The 'Individual Employment Plan/Service Strategy' table has columns for '#', 'LWIA/Region', 'Office Location', 'Status', '# of Goals', 'Staff', 'Date', and 'Action'. A red arrow points to the 'Edit' link in the 'Action' column of the first row.

#	LWIA/Region	Office Location	Program	Staff	Date	Action
	Greater Memphis	American Job Center - Memphis Beale * NEW *	Title I - Workforce Development (WIOA)		09/29/2017	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Print</a>

Create Objective Assessment Summary

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
	Greater Memphis	American Job Center - Memphis Beale * NEW *	OPEN	1		09/29/2017	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Display/Print</a>

Create Individual Employment Plan/Service Strategy

Help



